

IN THE SUPERIOR COURT OF WASHINGTON
FOR THE COUNTY OF KING

In the Guardianship of:)	Case No.:
)	
_____)	NOTICE OF CHANGE OF ADDRESS FOR
)	<input type="checkbox"/> Incapacitated Person (NT)
)	<input type="checkbox"/> Guardian (NT)
)	<input type="checkbox"/> Attorney (NTACA)
)	<input type="checkbox"/> Other Interested Party (NT)
)	
_____)	(CLERK'S ACTION REQUIRED)

The following individual's address has changed, and the **Clerk of the Court is requested to enter the same into the Court records and computer data-base (SCOMIS):**

Incapacitated Person. The Incapacitated Person's new address and phone number are as follows: _____

Guardian. The Guardian's new address and phone number are: _____

Attorney. The attorney representing _____ has a new address and phone number: _____

Other Interested Party. _____, an interested party in this Guardianship proceeding has a new address and phone number: _____

Date of Notice: _____

Effective Date of Notice, if different from above: _____

Signature of Person Giving Notice: _____

Printed Name of Person Giving Notice: _____

DECLARATION OF MAILING

I declare under penalty of perjury, according to the laws of Washington State, that on the date written below, I mailed a true and correct copy of this document with first class postage prepared to the persons and addresses listed below:

SIGNED AT _____, WASHINGTON THIS ____ DAY OF _____, 200__

Signature of Guardian/Attorney

Printed Name of Guardian/Attorney, WSBA/CPG#

Address

Telephone/Fax Number

City, State, Zip Code

Email Address

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Telephone: _____	Telephone: _____
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Telephone: _____	Telephone: _____